

## **DIRECT DEPOSIT SIGN-UP FORM (BAHAMA ISLANDS)**

APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY  
MONTHLY BENEFITS BY DIRECT DEPOSIT

Please make any necessary changes in Section 1A and complete Section 2. Ask your bank to complete Section 3. Mail the completed form in the envelope provided.

<p><b>SECTION 1</b> (If the address below is incorrect, or if it is your bank's address, please complete Section 1A.)</p>	<p><b>SECTION 1A</b> (If the address in Section 1 is not your correct address, please print your correct mailing address below.)</p>
<p>Social Security Claim Number                      Person Entitled to Payment</p>	<p><b>ADDRESS CHANGE</b></p>

## SECTION 2

<p><b>PAYEE CERTIFICATION</b></p> <p>I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.</p>		<p><b>JOINT ACCOUNT HOLDER=S CERTIFICATION</b></p> <p>I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p>	
SIGNATURE	DATE	SIGNATURE	DATE
DAYTIME TELEPHONE NUMBER		<p>This account is:</p> <p>___ My own account.    ___ A joint account.</p>	

**SECTION 3** (Ask your bank to complete Sections 3 and 4. This account must be in Bahama Islands dollars.)

NAME OF BANK		
ADDRESS OF BANK		
BANK PHONE NUMBER		
BANK OFFICIAL'S NAME PLEASE PRINT		SIGNATURE OF BANK OFFICIAL

**Bank Official:** If your bank does **not** have a 4-digit bank code and a 5-digit branch code, please complete the information above and the **account number** below.

**SECTION 4 (To be completed by the bank.)**[illegible]

Approved OMB No. 0960-0686

**MAIL COMPLETED FORM TO:** International Treasury Services  
Federal Reserve Bank of New York  
E. Rutherford Oper. Ctr., 1<sup>st</sup> Floor  
100 Orchard Street  
East Rutherford, NJ 07073  
USA

## IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to electronically send your U.S. Social Security payments to your bank account in the Bahamas.

### IF YOUR ADDRESS CHANGES

If your address changes, you must inform the U.S. Social Security Administration because letters about your payments will still be mailed to your home address. If we cannot locate you, your payments may be stopped.

### WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent to your financial institution and will usually be in your account the day after the U.S. payment date. Instead of waiting up to 15 working days for your check to clear, you will have immediate access to your money.

### INFORMATION ABOUT CURRENCY CONVERSION

With direct deposit, you will not need to pay a check cashing fee for the conversion of your U.S. dollars to Bahama Islands dollars. A few days before the payment date, your U.S. Social Security payment is automatically converted to Bahama Islands dollars at an interbank exchange rate that is competitive with the rate offered by Bahamian banks on that day.

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank and the U.S. Social Security Administration. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security. As soon as we are advised of the death, we will determine whether your benefit amount will change and will send you any money that we owe you.

### CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify:

International Treasury Services  
Federal Reserve Bank of New York  
E. Rutherford Operations Ctr. – 1<sup>st</sup> Floor  
100 Orchard Street  
East Rutherford, NJ 07073  
USA

OR

Social Security Administration  
Office of International Operations  
PO Box 17769  
Baltimore, MD 21235-7769  
USA

You may need to fill out a new sign-up form. **Do not close your old account until payments have started coming to your new account.**

#### PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. Only comments relating to our time estimate should be provided, not the completed form.